FORM D SEP 2 1 ZUJ

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITA PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMP

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	OMB APP	ROVAL
	OMB Number:	3235-0076
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Name of Offering(check if this is an amendment and name has changed, and indicate change.) Private Placement	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	t
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) East West Bancorp, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, California 91108	Telephone Number (Including Area Code) (626) 583-3587
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Bank Holding Company	PROCESSED
Type of Business Organization Corporation	lease specify): THOR, SON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTIENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Krause, Douglas P.
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Gouw, Julia
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Liu, Jack
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Cheung, Peggy
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Renken, Keith
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Li, Herman
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner 🖾 Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Ng, Dominic
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108

Check Box(es) that Apply: ☐Promoter ☐Beneficial Owner ☐Executive Officer ☐Director ☐General and/or Managing Partner
Full Name (Last name first, if individual) Chen, Wellington
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Kooken, John
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Chow, Donald
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Lai, Michael
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Lewis, William
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Estrada, Rudolph
Business or Residence Address (Number and Street, City, State, Zip Code) 415 Huntington Drive, San Marino, CA 91108

				B. IN	FORMAT	ION ABO	UT OFFER	ING	· · · · · · · · · · · · · · · · · · ·			
											Yes	No
1. Has th	ie issuer sole	d, or does th	•					-		••••		\boxtimes
2. What	ic the minim	num investm		• •			ng under UI				\$ 106,715,	845 OO
Z. What	is the minin	·	icht mat wh	тос ассери	od Holli aliy	marviduar	•••••	• • • • • • • • • • • • • • • • • • • •		*************	Yes	No
		permit joint	-	-							. 🗆	\boxtimes
		ition reques nilar remune										
If a pe	rson to be li	isted is an as	ssociated pe	rson or age	nt of a brok	er or dealer	registered v	vith the SEC	C and/or wit	th a state		
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										s or such		
Full Name	(Last name	first, if indiv	vidual)									
Business or	r Residence	Address (N	umber and S	Street, City,	State, Zip	Code)						
Name of A	ssociated Br	oker or Dea	ler				 -					
									_			
		Listed Has ites" or chec									🗆 A	All States
	[[]		[]				
AL	AK	AZ	AR	CA	col	СТ	DE	DC	FL	GA	[HI]	[D]
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if indiv	vidual)									
Business or	r Residence	Address (N	umber and S	Street, City,	State, Zip	Code)	·					
Name of A	ssociated Bi	roker or Dea	ler									
		Listed Has				chasers						
(Ch	eck "All Sta	ites" or chec	k individua AR	States)		ст						All States
	IN	TA	KS]	KY]	CO LA	ME]	DE J	DC MA	MT]	GA]	HI MS	MO FID
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MT	NE	NV	NH	NJ NJ	NM UT	NY	NC	4D	рн	ok	DR DR	FA I
RI	SC	SD	ΓN	ΓX	UT	VT	VA	WA	wv	WI	WY	PK
Full Name	(Last name	first, if indiv	vidual)								_	
Business of	r Residence	Address (N	umber and	Street, City,	State, Zip	Code)						
Name of A	ssociated B	roker or Dea	ıler						·		 	
		Listed Has			Solicit Pure	chasers						· · · · · · · · · · · · · · · · · · ·
`		ates" or chec	k individua AR				DE	<u> </u>			∐ / [HI]	All States
AL	[AK]	AZ	KS	CA VV	CO	CT ME		DC	[FL]	[GA]		
IL.	IN	IA	<u></u>	KY	LA		MD	MA	<u></u>	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK W	OR STATE	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alrea sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	ck		
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	(· s	0
	Equity\$			
	Common Preferred		- *-	· · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)\$	() ¢	0
	Partnership Interests \$			
	Other (Specify)\$			0
	Total\$	106,715,845.00] \$_	106,715,845.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ite		Aggregate Dollar Amount of Purchases
	Accredited Investors		_	106,715,845.00
	Non-accredited Investors	0	\$_	0
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	N/A	\$_	N/A
	Regulation A	N/A	\$	N/A
	Rule 504	N/A	\$	N/A
	Total		s -	N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of t securities in this offering. Exclude amounts relating solely to organization expenses of the insur The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	he er.	~ <u>-</u>	
	Transfer Agent's Fees		\$ _	700.00
	Printing and Engraving Costs		\$ -	275,000,00
	Legal Fees		\$ - \$	275,000.00
	Engineering Fees.		\$ - \$	0
	Sales Commissions (specify finders' fees separately)	_	\$ -	0
	Other Expenses (identify) Fairness Opinion		\$ _	150,000.00
	Total		\$_	425,700.00

C. OFFERING PRICE, NUM	1BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
 b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer." 5. Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part 	- Question 4.a. This difference is the "adjusted gross control occeed to the issuer used or proposed to be used for purpose is not known, furnish an estimate another the payments listed must equal the adjusted gross	r d	\$_	106,290,145.00
		Paymen Office Directors Affiliate	rs, s, &	Payments to Others
Salaries and fees		□ \$	0 🗆	s <u>0</u>
Purchase of real estate			_	
Purchase, rental or leasing and installation of ma and equipment	chinery	□ \$	0 🗆	\$0
Construction or leasing of plant buildings and fac	cilities	□ \$	0 🗆	\$0
Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	□ \$	0 0	\$0
Column Totals				\$ <u>0</u> \$ 106 290 145 00
Total Payments Listed (column totals added)				
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the issuer to furnished by the issuer to furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commi	ssion, upon		
ssuer (Print or Type) East West Bancorp, Inc.	Signature Ciw.	Date September	15, 20	05
Name of Signer (Print or Type) Douglas P. Krause	Title of Signer (Print or Type) Executive Vice President, General Counsel a	and Corpora	ite Seci	retary

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?									
	, See .	Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required		which this notice is filed a notice on Form							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establishing	ate in which this notice is filed and understan	nds that the issuer claiming the availability							
	ner has read this notification and knows the content horized person.	nts to be true and has duly caused this notice to	o be signed on its behalf by the undersigned							
	Print or Type) est Bancorp, Inc.	Signature Cam-	Date September 15, 2005							
	Print or Type) s P. Krause	Title (Print or Type) Executive Vice President, General Couns	sel and Corporate Secretary							

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed

	APPENDIX										
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-J	vestor and ased in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Accredited Accredited			Yes	No		
AL											
AK											
AZ											
AR											
CA		Х	Common Stock \$106,715,845	1	106,715,845.00	0	0.00		X		
СО						, <u> </u>	,,,,,				
СТ											
DE											
DC								· · · · · · · · · · · · · · · · · · ·			
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				API	PENDIX						
1	Intend to non-a investor	I to sell • ccredited s in State • Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	ccredited Non- Accredited			Yes	No		
МО											
MT						_					
NE									i''		
NV							-				
NH											
NJ											
NM											
NY											
NC											
ND											
ОН											
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SC					,,,,,,,						
SD											
TN											
TX											
UT											
VT				,							
VA											
WA											
WV											
WI											

APPENDIX 2 5 1 3 4 Disqualification Type of security under State ULOE Intend to sell * and aggregate (if yes, attach to non-accredited offering price explanation of Type of investor and investors in State waiver granted) (Part E-Item 1) offered in state amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Non- Accredited Accredited **Investors** Investors Yes No State Yes No Amount Amount WY PR

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